



Western Health  
and Social Care Trust

**WESTERN HEALTH AND SOCIAL CARE TRUST**

**HOSPITAL AT NIGHT BLEEP POLICY**

<b>Policy Title</b>	<b>Hospital at Night Bleep Policy</b>
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<b>Responsible Officer</b>	<b>Hospital At Night Lead</b>

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# HOSPITAL AT NIGHT ([H@N](#)) BLEEP POLICY

## 1.0 Introduction

- 1.1 The Hospital pager is a useful device to enable urgent contact to be made. In principle it is used to contact personnel not attached to one particular geographic area, and by tradition this mostly applies to junior medical staff. In the out of hours period, when fewer doctors and senior nurses are in the hospital, it is important that all staff are aware of who to call when patients are in need of attention, either urgent or non-urgent. The introduction of this policy will result in the patient being seen by the most appropriate member of the [H@N](#) team in a timely manner.

## 2.0 Policy Aims

- 2.1 To streamline the use of the pager system during the [H@N](#) working hours and thus improve the efficiency of the work of the H@N team.  
In Altnagelvin Hospital the Clinical Co-ordinator will filter bleeps between **19:00 to 07:00** hours. In the Erne Hospital bleep filtering will start at **17:00 to 01:00**.
- 2.2 To ensure a timely and appropriate response to requests for assistance from the [H@N](#) team thus ensuring that patients are seen in a timely manner by the most appropriately skilled member of the [H@N](#) team.
- 2.3 To reduce inappropriate bleeps of junior doctors.
- 2.4 To distribute the out-of-hours workload between the [H@N](#) team in an equitable manner.

## 3.0 Responsibilities

- 3.1 It is the bleep holder's responsibility to always answer his/her bleep when on duty.
- 3.2 It is the bleep holder's responsibility to notify the switchboard and Clinical Co-ordinator if rotas have changed.

## 4.0 Bleep Categories

### 4.1 Resuscitation/Crash Calls

Any member of the medical/nursing/AHP team can at any time initiate the Cardiac Arrest Call, by Dialling Ext: **6666**. This is in keeping with the Hospital Resuscitation Policy. All members of staff should be familiar and be competent with the system for alerting the "Resuscitation/Cardiac crash team". They must clearly advise the switchboard operator of the area and specific location within the hospital in which the priority has occurred.

## 4.2 Urgent Calls Fast Bleeps by Dialling Ext. 6000

There may be occasions when a ward/department may be required to alert a doctor to an emergency but will not require the CRASH team. This decision as to what constitutes a “fast bleep” will rest with the nurse-in-charge.

This may include:

- Any change in a patients’ general condition, which the nursing staff feel requires immediate attention.

The doctor must respond immediately to this type of call.

## 4.3 Routine and Non Urgent Calls

All non-urgent work should be completed by the ward based team within the working day, i.e. 09:00 to 17:00hrs. Any clinical, non-urgent / routine work not completed will be reviewed by the Medical SpR/FY2 and the Clinical Co-ordinator and any work that is required to be completed during the out-of-hours period will be delegated to the most appropriate member of the [H@N](#) team.

Medical and Nursing staff on individual wards should agree a system of clear and explicit communication that will ensure that daily routine work is clearly identified in the form of using the ward diary or Hospital At Night workbooks. These must be clearly identifiable to avoid the risk of tasks not being completed. This is the responsibility of each employee.

## 5.0 Handover of Clinical Care

All members of the [H@N](#) team will be bleeped by the Clinical Co-ordinator prior to the start of handover. Refer to Handover Policy.

## 6.0 Use of bleeps during H@N working hours

On participating wards when the [H@N](#) service is in operation, all calls for clinical advice or guidance, excluding resuscitation/crash calls, should be made through the Clinical Co-ordinator. The role of the Clinical Co-ordinator will be to visit the wards, assess patients presenting with problems, take appropriate actions and delegate any tasks required to the most appropriate and competent member of the team.

A job list/task list is held on each ward to enable staff to notify the medical team of non-urgent jobs. This list must be located in a designated area on the ward whilst maintaining patient confidentiality. Jobs from the list can be undertaken by any member of the [H@N](#) team who has been clinically trained and assessed as competent to do so. The member of the [H@N](#) team completing the job is required to sign off the job once it has been completed.

**7.0 Clinical Co-ordinator bleep numbers are :**

**Clinical Co-ordinator - Altnagelvin Hospital (Northern Sector).**  
**Bleep 8500**

**Hours 19:00hrs to 07:00hrs**

**Clinical Co-ordinator - Erne Hospital (Southern Sector).**  
**Bleep 0140**

**Hours 17:00hrs to 01:00hrs**

**8.0 Audit – Policy Compliance**

8.1 Audit of clinical incidents 3 monthly

8.2 Audit of bleep activity monthly

**9.0 References**

9.1 Hospital at Night

9.2 European Working Time Directive